

(Arizona)

For those states selecting the standardized Disability Module, it is located in columns 371-393.

Field Size	Columns (beginning with 400; not to exceed 599)	Question	Response Categories (Code = Response)
State Added Questions - Immunization (Influenza Vaccination)			
1	400	IMM1. During the past 12 months, have you had a flu shot?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	401	If IMM1 is yes, then ask IMM1A: Did you get the shot before the end of 2000 or after the beginning of 2001?	2000 1 2001 Go to IMM1B 2 Don't know/Not Sure 7 Refused 9
1	402	IMM1B. At what kind of place did you get your last flu shot?	Doctor's office or Health Maintenance Organization a A Health Department b Another type of clinic or health center c A Senior, Recreation or Community Center d A Store [Examples: supermarket, drug store] e A Hospital or Emergency Room f Workplace g Other [specify] h Don't know/Not sure 7 Refused 9
1	403	If IMM1 is no, then ask IMM1C: What is the main reason you didn't get a flu shot {during the past 12 months}?	Didn't know I needed it a Doctor didn't recommend it b Didn't think of it/forgot/missed it c Tried to get a flu shot, but no flu shots were available d Tried to get a flu shot, but my doctor said I didn't need it e Didn't think it would work f Don't need a flu shot/not at risk/flu not

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			serious g Shot could give me the flu/allergic reaction/other health problem h Doctor recommended against getting the shot/allergic to shot/medical reasons i Don't like shots or needles/don't want it j Other [specify] Refused 9
State Added Questions - Mental Health			
1	405	The next few questions are about mental health. Please remember that your answers are strictly confidential and that you don't have to answer any question if you don't want to. MENT1 During the past year, would you say that you experienced:	A lot of stress 1 A moderate amount of stress 2 Relatively little stress 3 Almost no stress at all 4 Don't know/Not sure 7 Refused 9
1	406	MENT2 In the past year, how much effect has stress had on your health:	A lot 1 Some 2 Hardly any 3 None 4 Don't know/Not sure 7 Refused 9
1	407	MENT3 In the past year, did you think about seeking help for any personal or emotional problem from family or friends?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	408	MENT4 From a helping professional or self-help group?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	409	If MENT3 and/or MENT4 is yes, then ask MENT4A:	Yes 1 No 2

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		MENT4A Did you actually seek any help?	Don't know/Not sure 7 Refused 9
1	410	MENT5 During the past 12 months, did your worksite offer any information or activities concerning stress management?	Yes GO TO MENT5A 1 No GO TO MENT6 2 Don't know/Not sure GO TO MENT6 7 Refused GO TO MENT6 9
1	411	MENT5A Which of the following were offered relating to stress management:?	Individual classes 1 Group classes 2 Resource materials, such as posters, brochures, pamphlets or videos 3 Job redesign, personnel reassignments 4 Don't know/Not sure 7 Refused 9
1	412	MENT6 During the past 12 months, did you have - a. Schizophrenia?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	413	b. Paranoid or delusional disorder, other than schizophrenia	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	414	c. Manic episodes or manic depression, also called bipolar disorder	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	415	d. Major depression? Major depression is a depressed mood and loss of interest in almost all activities for at least 2 weeks?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	416	e. Anti-social personality, obsessive-compulsive personality or any other severe	Yes 1 No 2

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		personality disorder?	Don't know/Not sure 7 Refused 9
1	417	f. Alzheimer's disease or another type of senile disorder?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	418	g. Alcohol abuse disorder?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	419	h. Drug abuse disorder?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	420	If "yes" to one or more "a" through "h" above answer the next three (3) questions. If "no", "DK/NS", or "refused" to any or all of "a" through "h" then skip to MENT10. MENT7 Because of (this/any of these) mental or emotional problem(s) are you unable to work or limited in the kind of work or activity you can do?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
State Added Questions - Osteoporosis - Ask women only			
1	421	OSTEO1 Thinking back over the past month, how many servings of milk or milk products do you usually consume each day? One serving equals 8 ounces of milk or yogurt, or two slices of cheese.	Less than 1 0 1 serving 1 2 servings 2 3 servings 3 4 servings 4 5 servings or more 5 Don't consume milk or milk products 6 Don't know/not sure 7

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			Refused 9
1	422	OSTEO2 During the past month, did you regularly take any supplements containing only calcium?	Yes 1 No 2 Don't know/Not sure 7 Refused 9
1	423	OSTEO3 How often do you take calcium supplements?	a. Per day 1 b. Per week 2 c. Per month 3 d. Per year 4 e. Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9
1	424	OSTEO4 How often do you do strength building exercises, like lifting free weights, use weight training machines, or pushups or pullups?	a. Per day 1 b. Per week 2 c. Per month 3 d. Per year 4 e. Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9
1	425	OSTEO5 Have you ever been tested for osteoporosis by having a bone density scan which is a test that scans and measures your bones, similar to an x-ray?	Yes 1 No 2 Don't know/Not sure 7 Refused 9

NOTE: YOU MUST PLACE THE NUMBER ONE (1) IN POSITION 765.

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